

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

2010-07-19

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT											
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1						51		01							
2		1					52		01							
3		01					53		01							
4		01					54	1	01							
5		01					55		01							
6		01					56		01							
7		01					57		01							
8		01					58	1	01							
9		01					59		1							
10		01					60		01							
11		01					61		01							
12		1					62		01							
13		1					63		01							
14		1					64									
15	1						65									
16		1					66									
17		1					67									
18		01					68									
19		01					69									
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27		01					77									
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40		01					90									
41		01					91									
42		01					92									
43		01					93									
44	1	01					94									
45	1	01					95									
46		01					96									
47		01					97									
48		01					98									
49		01					99									
50		01					100									
TOTAL							TOTAL									
TOTAL							IND.	4								
TOTAL							DEP.	59								
TOTAL							SPECIAL	123								

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